



NOTIFICATION OF EXIGENT HEALTH & SAFETY HAZARDS OBSERVED

Property ID # _____ Inspection Date: _____

Property Name: _____ Property Phone: _____

Property Address: _____
Street City State Zip

TYPE OF EXIGENT HEALTH & SAFETY HAZARDS

A - AIR QUALITY

Noxious fumes or odors, Carbon Monoxide build-up, missing/misaligned/insufficient or blocked flue, other

B - ELECTRICAL HAZARDS

Exposed/sparking wires, open panels, degraded/inadequate wiring, water leaks on or near electrical equipment, circuits overloaded, other

C - FIRE SAFETY

Missing/inadequate/blocked egress, fire extinguishers missing/ expired, missing/inoperative smoke detectors, emergency lighting/signage missing/defective, improper storage of combustibles and hazardous materials, other

D - EQUIPMENT

Missing/blocked/degraded venting, insufficient air flow, water heater relief valve not piped to floor, access to equipment inadequate/uncontrolled, other

E - SANITATION

Filth and debris, missing/defective plumbing, standing/foul water, pest infestation, other

F - GENERAL HAZARDS

Trip hazards, inadequate/ inoperable lighting, other

O - OTHER HAZARDOUS CONDITIONS

During this inspection, the following violations were noted:

Item No.	Site/Bldg. Location	Type(See Above)	Comments
1.			
2.			
3.			
4.			
5.			
6.			
9.			

DHCD requires all exigent hazards to be corrected WITHIN 72 HOURS. Inform the inspector by e-mail or telephone of the completed corrections WITHIN 96 HOURS of the date of this notice.

NAME OF OWNER/AGENT'S REPRESENTATIVE (Please Print)

INSPECTOR NAME: (Please Print)

SIGNATURE OF OWNER/AGENT'S REPRESENTATIVE

Date: _____

Neither the inspector nor the Department of Housing and Community Development assume any liability, expressed or implied, that the above noted hazards constitute all of the health and safety deficiencies that may be present at the property.

Continued on next page
DHCD09/DCAM16

Owner's Agent Initials _____ Inspector's Initials _____